



Prior Authorization Request Form

This form is to be used by prescribers only

This form is being used for:

Check one: Initial Request Continuation of Therapy/Renewal Request

Reason for request (*check all that apply*): Prior Authorization Formulary Exception Quantity Exception
 Compound Formulary Exception Copay Tier Exception Step Therapy Exception

Other (*pleasespecify*): _____

Patient Information

Patient Name: _____ DOB: _____ Phone#: _____

Drug Allergies: _____ Height/Weight: _____ Gender: Male Female

Address: _____ City: _____ State: _____ Zip: _____

Member ID #: _____ Plan Name: _____

Requestor's Name & relationship to enrollee (if not patient or prescriber): _____

Prescriber Information

Prescribing Clinician: _____ Office Phone#: _____

Specialty: _____ Office Secure Fax #: _____

NPI #: _____ DEA/xDEA: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person (if different than provider): _____

Prescriber's or Authorized Representative's Signature: _____ **Date:** _____

Medication Information

Requested Medication: _____

Strength: _____ Quantity: _____ Directions: _____

Diagnosis(es) related to this request: _____

ICD-10 Code(s): _____ Brand Request (DAW): Yes No

If applicable, does the prescriber acknowledge or is aware that The American Geriatrics Society (AGS) considers the requested medication to be of high risk for patients 65 years old or older? Yes No

Is the patient currently enrolled in HOSPICE? Yes No

If yes, is the requested medication being used for an indication UNRELATED to the terminal illness(es)/ condition(s)? Yes No

Previous Therapies Tried and/or Failed

Drug Name	Strength	Dates of Use	Description of Adverse Reaction or Failure

Additional information related to this request (lab values, non-pharmacologic therapies, contraindications, risk vs benefits, explanations for exceptions/continuation of current treatment):

By checking this box, I attest this is an *urgent case*, meaning that an expedited (fast) determination is necessary to prevent serious threat to life, health or the body's ability to regain maximum function; or is needed to manage severe pain.